The Office of the National Coordinator for Health IT

A Record to Rely On: A Workshop on the Intersection of Electronic Health Records, Health Law, Payment, and Oversight
Washington, DC November 29, 2016

Medical Documentation and Clinical Reliability

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Outline

• About AHIMA
• Record of Care
• Usability Challenges with EHR Technology
  – Clinicians
  – Health Information Professionals
• AHIMA’s Approach
AHIMA is a not-for-profit professional association representing 103,000 health information management (HIM) professionals

AHIMA is committed to:

• Ensuring the delivery of health information when and where it is needed
• Leading the industry in achieving data integrity through information governance
• Leading collaboration of stakeholders in the development of standards and rules for electronic healthcare documentation and interoperability approaches

Record of Care
AHIMA Definition:

Systematic documentation of a patient’s medical history and care that consists of information related to the physical or mental health condition of an individual, as made by or on behalf of a health professional in connection with the care ascribed to that individual.

Healthcare Transformation

Costs

Quality Care
Safe Care
Pop Health

Imperative for TRUSTED Information

Interoperability
What Will Trust in Information Enable?

Right Patient – Right Information
Safe Use of Health IT
Confidence in Data & Information
Trust Exchange Partners
Higher Quality - Lower Costs
Proof of Value of Care Received
Reliable Analytics
Improved Health of Populations
Reliable Performance Measures
EHR Usability Challenges
EHR Usability Challenges: Clinicians
Usability Challenges with EHR Adoption

5-year US NIST study of EHR users

EHR Usability Challenges for Clinicians

- Clinically relevant information is not available for the task at hand
- Inadequate documentation
- Inaccurate information
- Irretrievable information

## Issues with Information for Care Delivery

<table>
<thead>
<tr>
<th>Issues</th>
<th>Examples</th>
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<tbody>
<tr>
<td><strong>Data design and capture issues</strong></td>
<td>• Inconsistent data definition across/between systems</td>
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<td></td>
<td>• Inability to tag and capture high value data elements</td>
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<td></td>
<td>• Inconsistencies between data in structured and unstructured notes.</td>
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<td><strong>Information integrity and quality issues</strong></td>
<td>• Lack of trust in data (impedes ability to utilize for analytics)</td>
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<td>• Patient identification and patient data from devices, other records</td>
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<td></td>
<td>• Lack of data quality management efforts / tools</td>
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<td>• Process breaks / redundancies (shadow records)</td>
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<td>• Errors found at the ‘end of the line’ in patient portals</td>
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<td><strong>Inability to use data for analytics / advanced reporting</strong></td>
<td>• Insufficient knowledge and skill of analysts</td>
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<td>• Errors found in data are not traced back to source</td>
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<td></td>
<td>• Siloed ownership at business or clinical level</td>
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<td></td>
<td>• Little or no ability to report across systems</td>
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<td><strong>Lack of interoperability</strong></td>
<td>• Cost of interoperability</td>
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<td></td>
<td>• Systems ability to share data and information</td>
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<td>• Trust in inbound information from other organizations</td>
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Usability & Interoperability Challenges Affect Patient Safety

- **Clinically Relevant Information Not Available for the Task at Hand**
  - Information is not retrievable, trustworthy, or accurate

- **Inadequate Documentation**
  - Information is lost, not documented in real time, or lives in multiple systems

- **Inaccurate Information**
  - Information is located or documented in wrong chart or is changed by others

- **Irretrievable Information**
  - Information is scanned and/or lost and accessible
  - Tabs are not representatives

**Suboptimal and Unsafe Patient Care**

- EHR as designed and implemented does not fit the clinical work demand
EHR Usability Challenges: Managing Health Information
Lack of consistent definitions and content

- What constitutes the official record of care?
- What information is requested and what is disclosed?
- Patient identification errors
- Amendment integrity challenges
- Copy paste errors
- User interface errors
### EHR Usability Challenges: HIM Examples

<table>
<thead>
<tr>
<th>Clinical Documentation Problems</th>
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<tbody>
<tr>
<td>i.  Could not delete visit record</td>
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<tr>
<td>ii. ADT cannot be processed</td>
</tr>
<tr>
<td>iii. Visit deleted</td>
</tr>
<tr>
<td>iv. Could not save MPI Record</td>
</tr>
<tr>
<td>v. Patient type M not found</td>
</tr>
<tr>
<td>vi. Visit number does not exist</td>
</tr>
<tr>
<td>vii. Could not merge visit record because record number does not exist</td>
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</tbody>
</table>

<table>
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<th>Clinical Documentation Problems</th>
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<tbody>
<tr>
<td>viii. ICD9 diagnosis code not found</td>
</tr>
<tr>
<td>ix. Registration status P not found</td>
</tr>
<tr>
<td>x. Received A08 on inactive patient</td>
</tr>
<tr>
<td>xi. Visit did not pass inactive checking</td>
</tr>
<tr>
<td>xii. Failed to load ICD diagnosis list (ICD10 error message)</td>
</tr>
<tr>
<td>xiii. Could not store charge</td>
</tr>
<tr>
<td>xiv. Charge code not found</td>
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<tr>
<td>xv. No error message</td>
</tr>
</tbody>
</table>

Addressing EHR Usability Challenges: AHIMA Approach
EHR Systems Must Support:

Record Management and Evidentiary Requirements

• Create, manage, exchange, preserve, and disclose records that meet organizational and jurisdictional policies and regulations
• Produce official business records
• Support current and historical records for evidentiary purposes
• Manage the record and information through its lifecycle from creation to destruction or disposition
We Must Implement Information Governance Programs

TRUSTED Information

Care

Compensation

Continuity

Information Share-Exchange

Necessity

Improvement
The Cost of Poor Information Quality in Healthcare

- **Productivity**
  - Duplication in the EHR creating increased workloads, decreased throughput, increased processing time, or decreased end-product quality

- **Risk and Compliance**
  - Patient safety
  - Patient identification (should be 99.99% accurate)
  - Potential for fraud
  - Data leakage (physicians texting nurses / notes not in chart)
The Cost of Poor Information Quality in Healthcare

- Financial
  - Increased operating costs
  - Decreased revenues
  - Missed opportunities
  - Reduction or delays in payments / pay for performance $

- Satisfaction
  - Patient satisfaction / decreased organizational trust when portal, billing or other information is incorrect
  - Low confidence in forecasting by leadership
  - Inconsistent reporting and re-work / validation
  - Delayed decision making
WHAT IS INFORMATION GOVERNANCE (IG)?

AHIMA DEFINES IG AS “AN ORGANIZATION-WIDE FRAMEWORK FOR MANAGING INFORMATION THROUGHOUT ITS LIFECYCLE AND FOR SUPPORTING THE ORGANIZATION’S STRATEGY, OPERATIONS, REGULATORY, LEGAL, RISK, AND ENVIRONMENTAL REQUIREMENTS.”

IG: Establishes policy
     Determines accountabilities for managing information
     Promotes objectivity through robust, repeatable processes
     Protects information with appropriate controls
     Prioritizes investments
What is Information Governance?

INFORMATION GOVERNANCE FOR HEALTHCARE INCLUDES:

- All departments, areas of the organization
- All types of organizations
- All types of information (clinical, financial, and operational)
- Information on all types of media

Adopting an IG program shows an organization’s commitment to managing its information as a valued strategic asset.
INFORMATION GOVERNANCE IS AN EMERGING SUPER DISCIPLINE

It is a subset of corporate governance and includes key concepts of:

- records management
- content management
- IT governance
- data governance
- information security
- data privacy
- risk management
- litigation readiness
- regulatory compliance
- long-term digital preservation
- business intelligence

IG Competencies For Healthcare:
- Strategic Alignment
- IG Structure
- Data Governance
- EIM
- IT Governance
- Analytics
- Privacy & Security
- Regulatory & Legal
- Awareness & Adherence
- IG Performance
Information Governance for Healthcare

**IG Principles For HealthCare™*:** Accountability, Transparency, Integrity, Protection, Compliance, Availability, Retention, Disposition

**IG Competencies For Healthcare:** Strategic Alignment, IG Structures, DG, EIM, ITG, Analytics, Privacy & Security, Regulatory & Legal, Awareness & Adherence, IG Performance

AHIMA Information Governance
Information Governance for Healthcare

CORE COMPETENCIES
Core IG Program Competencies

- Enterprise IT Infrastructure Planning
- IT Governance Framework(s) Adoption
- IT Governance Scoped for Evolving Changes in Platforms
- IT Execution per Best Practices

- Enterprise Information Planning & Execution
- Information Organization & Classification
- Electronic Document, Record, & Content Mgmt
- Information Lifecycle Mgmt
- Information Protection
- Appropriate Use
- Information Sharing, Release, Exchange
- Chain of Custody
- Long-Term Digital Preservation

- Enterprise Information Planning
- Enterprise Data Planning
- Enterprise IT Planning
- Data and Information Organization & Classification
- Master Data Mgmt
- Taxonomies Mgmt
- Metadata Mgmt

- Enterprise Data Planning
- Data Quality Control and Quality Mgmt
- Data Categorization
- Master Data Mgmt
- Taxonomies Mgmt
- Metadata Mgmt
- Data Dictionary Mgmt
- Data Lifecycle Mgmt

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AHIMA’s IG Adoption Model

- Level 1: IT Driven
- Level 2: Fragmented
- Level 3: Holistic
- Level 4: Business Driven
- Level 5: Escalating Return on Information

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AHIMA’s IG Adoption Model

Scores by Competency and Total Score by Organization

Business Driven

IT Driven

Escalating Return on Information

Level 1

Level 2

Level 3

Level 4

Level 5

Fragmented

70+ individual “markers” of maturity scored Across the 10 Competencies

IG Competencies
For Healthcare:
Strategic Alignment
IG Structures
DG
EIM
ITG
Analytics
Privacy & Security
Regulatory & Legal
Awareness & Adherence
IG Performance
Information Governance and Standards

- Enabling **functional interoperability** by standardizing information management practices in healthcare

- Enabling **semantic interoperability** by creating trusted information via content standardization activities

- Collaborating with vendors and SDOs to support **technical interoperability**
## Standards for Functional Interoperability

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<td><strong>ISO 27799:2008</strong> Health informatics, Information security management in health using ISO/IEC 27002</td>
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<tr>
<td><strong>ISO 21091:2013</strong> Health informatics, Directory services for healthcare providers, subjects of care and other entities</td>
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<td><strong>ISO/TS 22600-1</strong> Health informatics, Privilege management and access control - Part 1: Overview and policy management</td>
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<td><strong>ISO/TS 22600-1</strong> Health informatics, Privilege management and access control - Part 2: Formal models</td>
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<td><strong>ISO/TS 22600-1</strong> Health informatics, Privilege management and access control - Part 3: Implementations</td>
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<tr>
<td><strong>ISO 27789</strong> Health informatics, Audit trails for electronic health records</td>
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<tr>
<td><strong>ISO/TS 25237:2008</strong> Health informatics, Pseudonymization</td>
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<tr>
<td><strong>ISO/TR 21548:2010</strong> Health informatics, Secure archiving of electronic health records - Part 2: Guidelines</td>
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What will Information Governance and Interoperability Standards enable?

Right Patient – Right Information
Safe Use of Health IT
Confidence in Data & Information
Trust Exchange Partners
Higher Quality - Lower Costs
Proof of Value of Care Received
Reliable Analytics
Improved Health of Populations
Reliable Performance Measures
Questions